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## BIB DATA SHEET

CONFIRMATION NO. 8850

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                     | ATTORNEY DOCKET<br>NO.  |                           |                                |
|--|---|--|------------------------------------|---|---------------------------|--------------------------------|
| 10/564,322   | 06/26/2006  | 606  | 3739                               | 3444  |                           |                                |
| <b>RULE</b>  |   |  |                                    |   |                           |                                |
| <b>APPLICANTS</b><br>Kai Desinger, Berlin, GERMANY;<br>Markus Fay, Berlin, GERMANY;<br>Andre Roggan, Berlin, GERMANY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/07519 07/08/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 103325646 07/11/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>08/03/2006 |   |  |                                    |   |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/AMANDA L SCOTT/</u><br>Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWINGS</b><br>0   | <b>TOTAL CLAIMS</b><br>12 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>Max Moskowitz<br>OSTROLENK, FABER LLP<br>1180 Avenue of the Americas<br>New York, NY 10036<br>UNITED STATES  |   |  |                                    |   |                           |                                |
| <b>TITLE</b><br>Surgical probe   |   |  |                                    |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1030   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                |